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SYMPTOMS OF DISEASES AND ASPECTS OF SICKNESS IN CHILDREN

By J. W. PRATT

SCARLET FEVER.—This usually occurs between the ages of two and twelve years, though adults occasionally contract the disease.

The time of incubation is from four to seven days. It begins with sore throat, chills and fever, headache, vomiting, restless sleep, and delirium. In children, convulsions indicate severe nervous disturbances.

The rash appears about the second day, on the chest, neck, and face, and gradually covers the entire surface of the body. There is a distinct pallor around the mouth. The rash lasts from two to five or six days, during which the severe symptoms continue, the throat is extremely sore, and there may be inflammation of the kidneys and the middle ear. All these complications tend to heighten the fever and delay convalescence.

In the anginose and malignant form of scarlet fever, all the symptoms are extremely severe. There may be diphtheritic deposits in the throat, and extremely severe earache. These symptoms must be watched for. In earache, children will scream and toss their heads from side to side. In inflammation of the kidneys, the first symptoms may be scanty urine, puffiness of the face, and intense pallor. These symptoms must be met with instant treatment or they may be quickly fatal.

In mild cases the fever is high for a few days, the eruption appears, and convalescence follows with desquamation. The fever ends by lysis.

In severe cases the temperature remains high, and is kept up by complications, diphtheria being a common one. Swelling of the glands of the neck must be watched for and reported at once. Pneumonia may occur, beginning with short respirations, flushing of the face, and rise of temperature.

Endocarditis or pericarditis may complicate scarlet fever. The pulse is rapid and wiry, with a short, sharp scream from the child, especially on any exertion, such as talking, and with a desire for the upright position. This may also indicate pleurisy, but examination by the physician will determine which.

An outward symptom of otitis media is the sign of pus on the pillow. It may occur without any previous sign of earache. All symptoms have to be met as they arise, and gradually convalescence is established. Dur-

ing the period of desquamation, great care should be taken to avoid draughts and in every way to avoid any kidney complications.

Measles.—The period of incubation is from one week to two. It begins suddenly with chills and a rise of temperature from 102° to 104° F. The child has a loss of appetite, is restless at night, and there is watering of the eyes and a general catarrhal condition. The eruption occurs on the fourth day, on the forehead, face, and then on the entire surface of the body. There is often very severe coughing, which may cause pain across the abdomen. There is also extreme itching of the entire surface of the body, which causes great restlessness.

The eruption fades in about ten days, and desquamation begins. In complicated cases there is great aggravation of the catarrhal conditions, and there may be inflammation of the middle ear, which will retard recovery.

Diphtheria.—One of the symptoms is general malaise. Few children can explain that their throats are sore, therefore it is a good plan to examine the throat of any child who is ill from an unseen cause. In diphtheria the throat is red and swollen, and there are grayish white patches of false membrane. In bad cases these patches will form on the soft palate and uvula, pharynx and posterior nares or larynx.

In mild cases the disease ends in about the second week. There is restlessness, drowsiness, and vomiting. The temperature varies from 101° to 105° F., pulse feeble and rapid, respiration difficult, face pallid, lips blue, nostrils dilated, and the expression of the face pitiable.

The most dangerous form is laryngeal. In children the passage for air in the larynx is very narrow, so any membrane forming there causes obstruction very quickly, respiration is difficult, and the muscles of the neck are strained in the effort to breathe. The membrane may entirely close the opening, and without quick surgical interference death takes place in a short time. A hoarse, croupy cough often indicates the extension of the membrane to the larynx.

During the disease, if the child sinks into a stupor it is a sign that the entire system has become affected with the poison, and in this case death may result from heart failure.

Cerebrospinal Fever.—There is no children's disease known, or, in fact, any disease, in which the symptoms are more peculiar or varied than in this fever. All symptoms seem to be peculiar to the brain and spinal-cord. There is sudden chilliness, headache, nausea, vomiting, pain, and gradually a general stiffness of the muscles of the back. The patient's

face has a terrible expression of distress, and there are terrific cramps in the muscles of the legs, twitchings of the lips and muscles of the face, and general convulsions, with the peculiar condition of the head drawn back, the spine curved, the forearms flexed upon the arms, the legs upon the thighs. In children there are shrill screams, even when unconscious. Vomiting is severe. Delirium is terrible and often of a maniacal order.

The fever often reaches 108°–109° F., when the pulse becomes rapid and feeble and death takes place.

During the disease there is great variation in the pulse. Sometimes it is normal in frequency, then quick, sometimes intermittent. The respirations have the same peculiar conditions. In cases that recover, the general muscular symptoms gradually disappear. The patient cannot bear the slightest light or sound, but these feelings gradually pass away, though the child will cry with pain all through the muscles for some time after the general bad symptoms have ceased to exist. Symptoms and feelings of this disease can be expressed by adults in a way which gives one a better idea of what children really suffer.

Typhoid Fever.—Synonyms in children, brain fever, infantile remittent fever. The child is languid, there is loss of appetite and inability to do things, he is easily irritated and seems cross for no apparent reason. Sometimes there is nose-bleed, and the child will pull its hair, which, as a general rule, indicates headache, if it is too young to explain. These symptoms gradually increase till they are all aggravated, when there are restless nights, gradual rise of temperature, and pain in the abdomen, which is indicated by a sharp, continued cry.

The temperature rises a little each day, and the symptoms grow worse in the second week. The child is drowsy during the day and delirious at night. Convulsions may occur, but they are more common in the eruptive fevers. The abdomen is tense and swollen, and groups of red, slightly elevated spots—the rose rash of enteric fever—appear on the abdomen, chest, and back. There is diarrhoea, with from five to eight or more painless, watery stools in twenty-four hours.

The child cries at intervals, sometimes a sharp, quick cry commonly known as a cerebral scream. The cry may be due to general disturbances of the nervous system, headache, earache, pain in the abdomen, or general delirium.

The pulse is usually rapid in children, ranging from 110° to 130° A continuous high pulse rate is unfavorable, and great irregularity is a bad sign.

The temperature in moderately severe cases is 102° to 103° F. in the morning, and 103° to 104° in the evening. A temperature of 105°, 106°, or 107° is a grave indication. Marked morning remissions are favorable. Complications must be met as they arise. Pneumonia may be contracted very easily. Patients should not be allowed to lie in one position, as turning them from side to side is a good way to prevent congestion of the blood in the lungs, which may occur from one position—that on the back—being taken too long.

In mild cases all the symptoms improve in the second or third week. In severe cases they increase. The gravest accidents are hemorrhage and perforation. The slightest hemorrhage may be the forerunner of a more serious one.

Symptoms of hemorrhage are restlessness, pallor, rapid running pulse, sighing respirations, syncope, and the discharge of blood from the rectum. Occasionally there are these symptoms and there is no sign of blood for three hours after, then sometimes I have known from one to one and a half pints voided. In perforation there are sudden tympany, with a sharp cry indicating pain; pallor, rapid running pulse, vomiting, collapse, followed by cyanosis round the mouth, which shortly appears in the hands and feet. Death takes place in from one to three hours in children.

As a rule, the ulceration of the intestines is less in children than in adults, making intestinal hemorrhage and perforation less frequent.

The nervous symptoms are very severe, which has often given typhoid the name of brain fever. Grave conditions are picking at the bedclothes, spasmodic twitching of the muscles, and hiccough, or the child lies as if prostrated, and sinks in the bed. These conditions require careful watching.

Positions taken by sick children are important, and those given are well worth knowing. In pneumonia, if a child lies on one side by preference, it shows that that side is the affected one, as by lying on that one it gives better play to the less affected lung. In long illnesses or severe ones, great exhaustion is shown from the child lying on the back, with the face towards the ceiling. It may lie this way like a log till death takes place. If it lies constantly in one position, it may be paralyzed in some part; if it cries out when being moved, it lies still because of pain, as in rheumatism or scurvy.

Sleeping with the mouth open and head thrown back indicates that the tonsils are enlarged or that there are adenoids.

The motion of a child's hands are often deceptive. It will sometimes place the hands on the chest when there is pain in the abdomen.

Burying the face in the lap means inflammation of the eyes.

In inflammation of the brain, the head is drawn backward, and there may be opisthotonus or endosthotonus.

In pain a child is restless and does not sleep. In the beginning of acute disease, if cold, the child lies in a heavy stupor. It will often place the hand over the seat of pain, on the ear for earache, to the mouth in teething, and will pull the hair in severe headache.

In approaching convulsions the thumb is drawn into the palm and cannot be bent out.

Doubling up and straightening of the body mean colic.

The color of a child is altered by disease. It is yellow in jaundice, blue in congenital heart-disease, pale around the mouth during nausea. The skin has an earthy hue in diarrhœa and Bright's disease.

A flushed face means fever; sudden flushing and paling of the face, disease of the brain.

In whooping cough the face is flushed and stupid; in Bright's disease it is swollen.

A sudden crossing of the eyes denotes approaching convulsions, while wrinkling of the forehead means pain.

Every diarrhœa a child may have is not cholera infantum. This is a rare disease, with copious, watery stools, with or without vomiting. The face is deep-lined and shrunken.

The abdomen is tender and tense in colic, retracted and sensitive in inflammation of the brain, distended in diarrhœa and dropsy.

Not every cry which ceases when the child is fed is caused by hunger. A colic cry may be stopped in this way.

Persistent crying may be due to the sticking of a pin or the itching of eczema, or to some eruptive fever.

If a baby cries when taken up it may be due to a pain in the chest or severe intestinal colic.

A frequent whining cry is due to ill health. Shrill screams mean inflammation of the brain, when they are known as a cerebral cry, or may be due to cardiac inflammation.

In inflammation of the lungs the cry is short, due to pain in the chest. Nasal cry is due to a cold in the head. To cry when the bowels move means pain at that time. It is a loud, violent cry.

In exhaustion a child wrinkles its face to cry, but there is no sound. There are always tears after three or four months; if not, the child is not seriously sick.

A croupy cough is a spasmodic cough.

Enlarged tonsils and a long palate may cause a cough.

In whooping cough a child may or may not whoop.